Application or Docket Num											ber		
PATENT APPLICATION FEE DETERMINATION RECO								4415-107					
Effective January 1, 2003								11/			621	3511	
CLAMAS AS FILED - PART I (Column 1)								SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS		39				- [RAT	Ε	FEE		RATE	FEE	
FOR	NUMBER FILED		NUMBER EXTRA			BASIC	PEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS		89 minus 20=		• 19			X\$ 9	E		OR	X\$18=	349.0	0
INDEPENDENT CLA	2 minus 3 =					X42	=		OR	X84=	,,,		
MULTIPLE DEPEND	RESENT					+140) <u>-</u>	-		+280=			
* If the difference in column 1 is less than zero, enter				r *0* in c	olumn 2		TOT	,		OR OR	TOTAL	1098	D
CLAIMS AS AMENDED - PART II							1017	٦.	L	Un	OTHER	4-7-6-	
(Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL		
A T	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independent	19	Minus	" E	35	:		X\$ 9	}=		OR	X\$18=		
independent .	· 5	Minus	494	3	. –		X42	<u> </u>		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	\		•	+280=		
								TAL		OR	TOTAL		
11-12-07							ADDIT.		L	OR	ADDIT. FEE		
	(Column 1) CLAIMS		HIGH	mn 2) ÆST	(Column 3)	ו			ADDI-	1		ADDI-	Ì
ENT B	REMAINING AFTER AMENOMENT		PREVI	BER OUSLY FOR	PRESENT		RAT	E	TIONAL FEE		RATE	TIONAL FEE	
Total Independent	. 8	Minus	3	39	3		X\$ 9	9=		OR	X\$18=		
Independent	· 2	Minus	***	<u> </u>	<u> </u>	4	X42) -		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140)= 	7	OR	+280=		•
									-	1	TOTAL		1
	(0-1		(Calu		(Cotumn 3)		ADDIT.	FEE		,	ADDIT. FEE		1
Total Independent	(Column 1) CLAIMS REMAINING AFTER AMENOMENT		HIGI NUA PREVI	IMM 2) HEST MBER HOUSLY OFOR	PRESENT EXTRA		PIAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	*	Minus	**			1	X\$ 9	 }±	<u> </u>	OR	X\$18=	1	
Independent	* .	Minus	, 222		=	1	X42		 	1	X84=	1	1
FIRST PRESEN	FIRST PRESENTATION OF I		MULTIPLE DEPENDEN		T CLAIM		 			OR	-	-	1
					ALINAR G		+140			OR	+280=		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ****** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TIAL FEE		OR	ADDIT. FEE		1
the "Highest Number The "Highest Number The "Highest Number The	mper Previously F ber Previously Pe	raid For (Total o	r Indepen	nii 2231 21. Ni 21 Oneb	e highest numb	er fo	ound in M	he ac	paropriate bo	x in o	olumo 1.		
		overness Printing			ducti	ъ.	dent sixt	10-ada	merk Olikoa, U	12.05	PARTIMENT	FOOM	Ļ